	PATENT APPLICATION FEE DETERMINATION RECORD  Effective January 1, 2003  Application of Docket Number  60303,32													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL I	ENTITY	OR	OTHER		
TOTAL CLAIMS			20				1	RATE	FEE	7	RATE	FEE	1	
FOR ·			NUMBER FILED		NUMBER EXTRA			•	BASIC FE	€ 375.00	OR	BASIC FEE	750.00	1
TOTAL CHARGEABLE CLAIMS			20 _ minus 20=.		·6			X\$ 9=		OR	X\$18=		1	
INE	DEPENDENT CI	/_ minus 3 =		8				X42=	<del> </del>	OR	X84=		1	
ML	JLTIPLE DEPEN	IDENT CLAIM P	RESENT					.140	<u> </u>	1			1	
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=		OR	<u> </u>		1	
.//, /.CLAIMS AS AMENDED - PART II									TOTAL	<u> </u>	OR	TOTAL OTHER	200.	PO
<u> </u>	(Column 1) (Column 2) (Column 2)						<u>mn 3)</u>		SMALL	ENTITY	OR	SMALL		
AMENDMENT A	:	CLAIMS REMAINING AFTER		HIGH NUM PREVK	BER DUSLY	PRES	SENT TRA		RATE	ADDI- TIONAL	]	RATE	ADDI- TIONAL	
	Total	* 20	Minus	PAID	FOR )			X\$ Q=	FEE	OR	X\$18=	FEE	1	
	Independent	• /	Minus	3		=			X42=		┪┈	X84=	1	1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C									1	OR	:		
	•								+140=		<b>JOH</b>	+280=	-:	7
W	10-20-06(Column 1) (Column 2) (Column 3)								ADDIT. FEI		JOR'	ADDIT. FEE		1
AMENOMENT B		CLAIMS REMAINING AFTER		HIGH NUM	EST BEA	(Column 3)	SENT	ſ	RATE	ADDI-	1	coler.	ADDI-	
		AMENDMENT		PREVIO		EXT	PA .		TOTIL	FEE		RATE	TIONAL FEE	
	Total	•20	Minus	* 6	<u>(()</u>	• _			X\$ 9≈	[.	ОП	X\$18=		
	Independent	dent Minus Minus			CLÁIM	LAIM .			X42=		OR	X84=	\ . · .	
<u> </u>					Jet 7 County			' [	+140=		OR	+280=		
				•				. L	TOTAL	. 5	OR	TOTAL ADDIT, FEE		1
		(Column 1)		(Colum		(Colu	mn 3)	•						1
MENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY		RESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	-
	Total	•	Minus	44		<b>a</b>		Ì	X\$ 9=		OR	X\$18≈	1. Sa Sa	1
S.	Independent-	<b>*</b>	Minus	Sept.		-		<u>·</u> }	_X42=_		}	_X84=_		
	FAST PRESE	NTATION OF MI	ILTIPLE BEF	PENDENT	CLAIM			7	+140=		OR		-	
ti the eatry in column 1 is less than the entry in column 2, write "9" in eatrm 3,										<u> </u>	OR	+280=		<u> </u>
. 34;	ll the "Highest Nu If the "Highest Nu	mber Previously Pa Mber Previously Pa	id For IN THI aid For IN THI	S SPACE E S SPACE E	s less tha s loss tha	n 20, en In 3. ent	4 J.		TOTAL DOIT, FEE	<u> </u>		TOTAL ADDIT, FEE		
• • •	The Highest Nurs	ber Previously Pal	d For (Total or	Independe	ent) is the	(dalars	anijosi	four	nd in the at	propriate bo	x in co	6000 1.		

FORM PTO 475 (Rev. 1202)